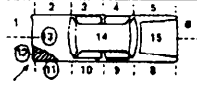
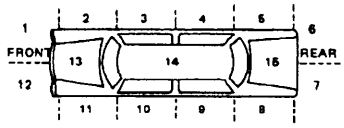
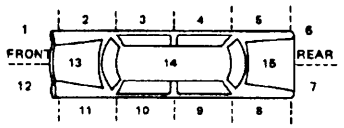


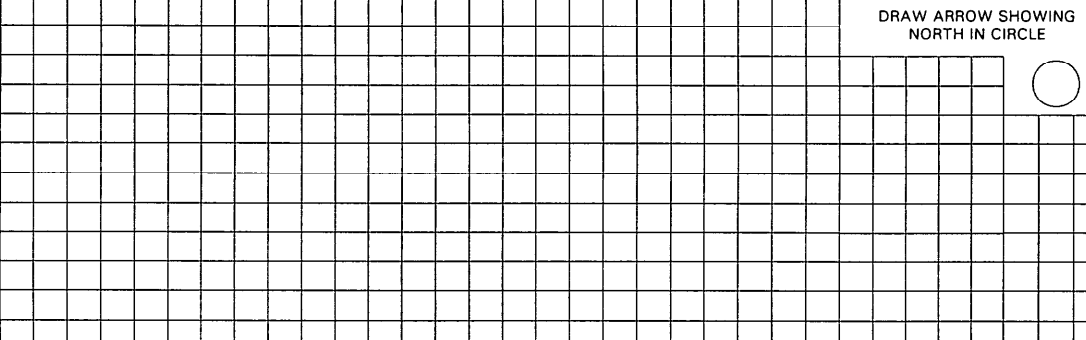
DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT (SUPPLEMENT TO INCIDENT/COMPLAINT REPORT)															CASE CONTROL NUMBER									
DATE OF ACCIDENT			TIME (USE 2400 HOURS)			DAY OF COLLISION			<input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY															
YR	MO	DAY																						
LOCATION	NAVY BASE <input type="checkbox"/> ON <input type="checkbox"/> OFF		ROAD OR STREET ON WHICH ACCIDENT OCCURRED				NAME AND LOCATION OF NAVY BASE, CITY, STATE, ETC.																	
	AT INTER-SECTION	NAME OF INTERSECTING STREET				NOT AT INTER-SECTION	NAME OF NEAREST INTERSECTING ST., HIGHWAY, OR OTHER PERMANENT IDENTIFYING LANDMARK				NO. OF FEET	DIRECTION												
	IF ACCIDENT OCCURRED OFF NAVY BASE AND OUTSIDE CITY LIMITS INDICATE _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W FROM <input type="checkbox"/> CITY LIMITS <input type="checkbox"/> CENTER OF CITY OR TOWN <input type="checkbox"/> OTHER						KIND OF LOCALITY		<input type="checkbox"/> BARRACKS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MFG. OR INDUST		<input type="checkbox"/> OPEN COUNTRY <input type="checkbox"/> SCHOOL OR PLAYGROUND <input type="checkbox"/> BUSINESS													
	TYPE ACCIDENT	TYPE ACCIDENT <input type="checkbox"/> VEHICLE-VEHICLE <input type="checkbox"/> VEHICLE-PEDICYCLE <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> VEHICLE-OBJECT <input type="checkbox"/> VEHICLE-RR TRAIN <input type="checkbox"/> SINGLE VEHICLE (NON COLLISION) <input type="checkbox"/> VEHICLE-PEDESTRIAN <input type="checkbox"/> HIT & RUN						TOTAL NO. OF VEHICLES INVOLVED	SEVERITY															
		NO. KILLED	NO. INJURED	<input type="checkbox"/> PROPERTY DAMAGE ONLY																				
WEATHER, LIGHT AND ROAD CONDITIONS	VEHICLE 1 2	DRIVING LANES	VEHICLE 1 2	CHARACTER	VEHICLE 1 2	SURFACE	VEHICLE 1 2	CONDITIONS	VEHICLE 1 2	DEFECTS	WEATHER	LIGHT												
		ONE		STRAIGHT		CONCRETE		DRY		HOLES, RUTS, BUMPS	CLEAR	DAYLIGHT												
		TWO		CURVE		BLACKTOP		WET		LOOSE MATERIAL OR	RAIN	DAWN												
		THREE OR MORE		LEVEL		BRICK		MUD		DEFECTIVE	FOG	DUSK												
TRAFFIC CONTROL	VEHICLE 1 2	VEHICLE 1 2	VEHICLE 1 2	VEHICLE 1 2	VEHICLE 1 2	VEHICLE 1 2	VEHICLE 1 2	VEHICLE 1 2	VEHICLE 1 2	VEHICLE 1 2	OTHER (EXPLAIN)													
VEHICLE NO. 1	USN REGISTRATION OR LICENSE NO.			MAKE	YEAR	BODY TYPE	USN REGISTRATION OR LICENSE NO.			MAKE	YEAR	BODY TYPE												
	MARKINGS/DECAL NO.			<input type="checkbox"/> PRIVATELY OWNED <input type="checkbox"/> GOVERNMENT			MARKINGS/DECAL NO.			<input type="checkbox"/> PRIVATELY OWNED <input type="checkbox"/> GOVERNMENT														
	REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.)						REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.)																	
	ADDRESS OF OWNER						ADDRESS OF OWNER																	
DRIVER NO. 1	NAME (LAST, FIRST, M.I.) AND ADDRESS			SSN			NAME (LAST, FIRST, M.I.) AND ADDRESS			SSN														
	AGE			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			AGE			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE														
	DRIVER'S LICENSE/PERMIT NUMBER			STATE			DRIVER'S LICENSE/PERMIT NUMBER			STATE														
	LIMITATIONS ON LICENSE/PERMIT <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY)			DRIVING EXPERIENCE (YEARS)			LIMITATIONS ON LICENSE/PERMIT <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY)			DRIVING EXPERIENCE (YEARS)														
OCCUPANTS	NAME AND ADDRESS						VEH. NO.	CODES	AGE	SEX	CATEGORY (1)	INJURY (2)	SEAT BELT (3)	SEAT POSITION (4)										
PEDESTRIAN	NAME AND ADDRESS																							
	PEDESTRIAN WAS GOING: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ALONG/ACROSS/INTO (STREET, ROAD OR HIGHWAY): _____ TO: _____																							
	FROM (NW TO SW CORNER, OR EAST TO WEST SIDE, ETC.): _____																							
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">CROSSING WITH SIGNAL</td> <td style="width:25%;">CROSSING NO SIGNAL</td> <td style="width:25%;">STANDING ON ROADWAY</td> <td style="width:25%;">WALKING IN ROAD AGAINST TRAFFIC</td> </tr> <tr> <td>CROSSING AGAINST SIGNAL</td> <td>HITCHING ON VEHICLE</td> <td>COMING FROM BEHIND PARKED</td> <td>WALKING IN ROAD WITH TRAFFIC</td> </tr> <tr> <td>CROSSING NOT AT INTERSECTION</td> <td>PLAYING ON ROADWAY</td> <td>PUSHING OR WORKING ON VEHICLE</td> <td>OTHER</td> </tr> </table>												CROSSING WITH SIGNAL	CROSSING NO SIGNAL	STANDING ON ROADWAY	WALKING IN ROAD AGAINST TRAFFIC	CROSSING AGAINST SIGNAL	HITCHING ON VEHICLE	COMING FROM BEHIND PARKED	WALKING IN ROAD WITH TRAFFIC	CROSSING NOT AT INTERSECTION	PLAYING ON ROADWAY	PUSHING OR WORKING ON VEHICLE	OTHER
CROSSING WITH SIGNAL	CROSSING NO SIGNAL	STANDING ON ROADWAY	WALKING IN ROAD AGAINST TRAFFIC																					
CROSSING AGAINST SIGNAL	HITCHING ON VEHICLE	COMING FROM BEHIND PARKED	WALKING IN ROAD WITH TRAFFIC																					
CROSSING NOT AT INTERSECTION	PLAYING ON ROADWAY	PUSHING OR WORKING ON VEHICLE	OTHER																					
CODES	(1) CATEGORY			(2) INJURY CLASS			(3) SHOULDER/LAP BELTS			(4) SEAT POSITION														
	A. NAVY OFFICER B. NAVY ENLISTED C. OTHER SERVICE OFFICER D. OTHER SERVICE ENLISTED E. CIVILIAN F. DEPENDENT G. OTHER			A. NO INJURY B. DEAD AT SCENE C. DEAD ON ARRIVAL D. DIED IN HOSPITAL E. INCAPACITATING INJURY F. NON-INCAP (EVIDENT) INJURY G. POSSIBLE INJURY H. INJURY UNKNOWN			A. LAP BELT USED B. SHOULDER HARNESS USED C. BOTH USED D. NOT USED E. NOT INSTALLED F. LAP BELT FAILED G. SHOULDER HARNESS FAILED H. BOTH FAILED U. UNKNOWN			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">4</td> <td style="width:25%;">1</td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td>5</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>3</td> <td></td> <td></td> </tr> </table> 7. OTHER POSITION (BUS-MOTORCYCLE) 8. POSITION UNKNOWN			4	1			5	2			6	3		
	4	1																						
	5	2																						
6	3																							

DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT (Continued)

WITNESSES	NAME AND ADDRESS		TELEPHONE NUMBER	

VEHICLE DAMAGE INSTRUCTIONS 1. In each box, circle the number of each damaged area. 2. Shade area of severest impact. 3. Draw arrow(s) to show principal direction of force.	EXAMPLE 
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DAMAGED VEHICLE NO. 1	DAMAGED VEHICLE NO. 2	DAMAGED TRAILER, MOTORCYCLE, ETC.
 <div style="display: flex; flex-direction: column; align-items: flex-end; margin-top: 5px;"> <div>13. HOOD</div> <div>14. ROOF</div> <div>15. TRUNK</div> <div>16. UNDER-CARRIAGE</div> <div>17. OVER-TURN</div> </div>	 <div style="display: flex; flex-direction: column; align-items: flex-end; margin-top: 5px;"> <div>13. HOOD</div> <div>14. ROOF</div> <div>15. TRUNK</div> <div>16. UNDER-CARRIAGE</div> <div>17. OVER-TURN</div> </div>	SKETCH DAMAGE <div style="height: 100px;"></div>
SEVERITY OF DAMAGE: VEHICLE NO. 1 <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE	SEVERITY OF DAMAGE: VEHICLE NO. 2 <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE	SEVERITY OF DAMAGE: (OTHER VEHICLE) <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE
TOWED BY _____	TOWED BY _____	TOWED BY _____
TO _____	TO _____	TO _____
DAMAGE TO PROPERTY (OTHER THAN VEHICLE) _____		

*SKETCH OF COLLISION 1. Identify: Roadway & roadway features Vehicles Pedestrians Objects on/off roadway Traffic controls Skidmarks Unusual/temperature conditions (Ice patch, construction areas, etc.) 2. Locate probable point of impact 3. Show vehicle, pedestrian or object positions at impact 4. Show probable vehicle or pedestrian paths before and after collision	DRAW ARROW SHOWING NORTH IN CIRCLE 
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DESCRIPTION OF COLLISION	In Block 17, Incident/Complaint Report, (OPNAV 5527/1), indicate what probably happened before, during and after the crash, include information not on sketch, e.g., driver disability, reduced visibility, pedestrian clothing color, construction or repair work, etc.
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DRIVER'S ACTION BEFORE ACCIDENT	DIRECTION HEADED	DRIVER 1 2	CHECK ONE OR MORE	DRIVER 1 2	CHECK ONE OR MORE	VEHICLE 1 2	SPECIFY FEET/MPH
	N S E W		BACKING		OVERTAKING OR PASSING		ESTIMATED DISTANCE WHEN DANGER WAS FIRST NOTICED (FEET)
			GOING STRAIGHT AHEAD		AVOIDING VEH/OBJ		ESTIMATED SPEED WHEN DANGER WAS FIRST NOTICED (MPH)
	VEH 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		MAKING LEFT TURN		SLOWING OR STOPPING		ESTIMATED SPEED AT IMPACT (MPH)
	VEH 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SKIDDING		STOP IN TRAFFIC LANE		DISTANCE TRAVELED AFTER IMPACT (FEET)
		MAKING RIGHT TURN		OTHER (SPECIFY)		LAWFUL SPEED (MPH)	
		MAKING "U" TURN					

CONTRIBUTING CIRCUMSTANCES	DRIVER 1 2	CHECK ONE OR MORE	DRIVER 1 2	CHECK ONE OR MORE	DRIVER 1 2	CHECK ONE OR MORE	VEHICLE 1 2	CHECK ONE OR MORE
		EXCEEDING SPEED LIMIT		NO OR IMPROPER SIGNAL		ALCOHOL INVOLVED		CHEMICAL TEST GIVEN
		SPEED EXCESSIVE FOR CONDITIONS		DISREGARDED TRAFFIC SIGNAL		DRUGS INVOLVED		CHEMICAL TEST REFUSED
		FAILED TO YIELD		IMPROPER TURN		ABILITY IMPAIRED		TEST RESULTS
		DISREGARDED STOP SIGNAL		UNKNOWN		ABILITY NOT IMPAIRED	DRIVER NO. 1 % BAC	DRIVER NO. 2 % BAC
		VISION OBSTRUCTED		OTHER (SPECIFY)		UNKNOWN		
		FOLLOWING TOO CLOSE				SEE ATTACHED DD FORM 1920 "ALCOHOLIC INFLUENCE REPORT"		
		IMPROPER OVERTAKING						
							DEFECTIVE BRAKES	
							DEFECTIVE HEAD LIGHTS	
							DEFECTIVE REAR LIGHTS	
							TIRES WORN OR SMOOTH	
							TIRES PUNCTURES OR BLOWN	
							OTHER (SPECIFY)	

POLICE ACTIVITY	NAME OF PERSON(S) APPREHENDED		CHARGES	

TIME POLICE NOTIFIED (HOUR): _____ WHERE ELSE WAS INVESTIGATION MADE: _____ IF OFF BASE, WHO ELSE CONDUCTED AN INVESTIGATION (IF OTHER AGENCY CONDUCTED COMPLETE INVESTIGATION, SO INDICATE) _____	TIME POLICE ARRIVED AT SCENE OF ACCIDENT (HOUR): _____ DID MILITARY OPERATOR COMPLETE DD FORM 518, "ACCIDENT IDENTIFICATION CARD" YES NO DID MILITARY OPERATOR COMPLETE STANDARD FORM 91, "OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT" YES NO WAS FORM COMPLETED FROM ON SCENE INVESTIGATION (IF NOT EXPLAIN) _____
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